

Any compliments, comments or complaints can help us improve



WHAT IS A FORMAL COMPLAINT?

A formal complaint may be more involved than general feedback provided on this form.

If you would like to make a formal complaint, please write a letter to the Chief Executive Officer outlining your concerns. A senior staff member will look into all formal complaints.

Following review the Chief Executive will respond in writing on how your complaint has been handled. Formal complaints should be addressed to:

Chief Executive Officer

Beaufort & Skipton Health Service
28 Havelock Street
Beaufort Vic 3373

WHAT HAPPENS TO THE FEEDBACK ON THIS FORM?

Informal complaints can be made using this 'Your Health Service, Your say' form.

No matter how big or small your concern is we want to listen and help you.

When you fill in this form we won't send you a letter but will call you on the phone (if you provide the details) to talk to you about your concerns.

We will also call you again once we have looked into the matter to let you know the end result.

What do I do after I fill in the form?

- Hand it to a staff member, or
- Place it in the 'consumer feedback' box located at a reception area

WHAT IF I AM NOT SATISFIED WITH THE RESPONSE I RECEIVE?

If you still have concerns or need further assistance and advice you may contact the following:

Disability Service Commissioner

Telephone: 1300 728 187 or 1800 677 342

Health Complaints Commissioner

Telephone: 1300 582 113

Office of the Public Advocate

Telephone: 1300 309 337

Victorian Equal Opportunity & Human Rights Commission

Telephone: 1300 292 153

Aged Care Complaints Commissioner

Telephone: 1800 550 552

Elder Rights Advocacy

Telephone: (03) 9602 3066 or 1800 700 600

FEEDBACK FORM

Compliments, Comments and Concerns

Pleased? Tell us about it **Enquiry?** Let us help you **Unhappy?** Let's resolve it together

COMPLIMENT COMMENT COMPLAINT
 LOCATION BEAUFORT SKIPTON



NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
I AM A:	<input type="checkbox"/> PATIENT	<input type="checkbox"/> CLIENT	<input type="checkbox"/> RESIDENT
	<input type="checkbox"/> FAMILY MEMBER	<input type="checkbox"/> FRIEND	<input type="checkbox"/> VISITOR
	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER - PLEASE STATE	

Feedback: